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ABSTRACT

In this study, a Delphi Method was used to collect and collate opinions of 24 Alberta child care professionals regarding the creation of a research agenda on child care. Findings indicated that the 25 research questions (out of an original list of 80 questions) considered important or very important by at least three-quarters of the participants were spread across 15 topic areas. The eight research questions considered most important were, in order of importance: (1) What knowledge, skills, and attitudes do caregivers need in order to be effective? (2) What is the impact on the quality of care if staff are trained or untrained? (3) What happens to children in family day home care and what are the child outcomes? (4) What criteria are to be used for providing good quality care for infants and toddlers? (5) What is the relationship between pay, working conditions, status, and promotion opportunities and the recruitment and retention of staff? (6) What training and personal characteristics make caregivers effective in working with special needs children? (7) What is the relationship between adherence to regulations and quality care? (8) What impact does parent involvement have on the quality of care? (96 references) (RH)

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# TOWARDS A RESEARCH AGENDA ON CHILD CARE IN ALBERTA

**August 1990**

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# INTRODUCTION

This study collected the informed opinions of 24 child care professionals on the topic, *Creating a Research Agenda on Child Care in Alberta*. A Delphi Method was used as the means to collect and collate these opinions. This method involved the use of a series of written questionnaires to which all participants responded. The investigation took place between October, 1989 and January, 1990.

## Background

The demand for child care services has increased at an unprecedented pace over the past 25 years. Social, demographic and economic changes have produced a shift in child-rearing practices, especially in the western industrialized world. In many instances these changes have occurred ahead of social policy decisions and research studies. Since the inception of child day care on its modern scale in the 1950s and 1960s, research has reflected some uncertainty with regard to certain child rearing practices. (Bowlby, 1951; Belsky, 1988; Blehar, 1974). Throughout the same period the increasing growth and volatility of advocacy groups bears witness to the ever present lag between child care practice and the social policies needed to ensure its efficacy.

In Alberta, the formal system of licensed child care began following the introduction of the Canada Assistance Plan (CAP) (Government of Canada, 1966) and the passing of the Preventive Social Services Act (Government of Alberta, 1966), which introduced the province's preventive social service program. Since that time regulations have been legislated (Government of Alberta, 1978 & 1981), reports written ( Price-Waterhouse, 1982; Bagley, 1985; and Cavanagh , Allison and McCoy, 1983), and advocacy groups have demanded changes in the system (Alberta Association for Young Children, 1984).

A review of the child care publications in the province during this time shows that the period was characterized by a lack of research reports. The majority of the documents produced were government publications, most pertaining to regulations or legislation. However, since the mid 1980s there has been an increase in the number of reports written about child care in Alberta. Some of these are independent reports (Morrison, 1985; Bagley, 1985 & 1987; LaGrange & Read, 1990), but the majority are dissertation topics completed by graduate students.

The reports and graduate dissertations deal with topics as diverse as the integration of children with special needs (Barros, 1983) to an investigation of the trend of caregivers leaving the field (Rumpel, 1989). Only one report presents an overview of the development and current status of child care in Alberta (Bagley, 1985).

The recent trend towards an interest in research has been reflected in the expansion of the annual conference of the Alberta Association for Young Children in 1988 and 1989 (AAYC, 1989) both of which included a pre-conference day at which national and provincial research presentations were made. The province has also witnessed the formation of an informal network of people interested or involved in child care research (AAYC, 1989).

While there has been a dearth of non-government written material, the province has experienced on-going debate on a number of issues. Government policies which equally support all sectors of licensed child care and which have led to a high percentage of privately owned and operated child care agencies, have been the focus of discussion for many years. Other issues which have been debated include the lack of regulations pertaining to staff qualifications, difficulties experienced by most agencies in attracting and retaining staff, and the enforcement of child care regulations. Lobbying on these and other issues has often been perceived to be ineffective. Fragmentation within the field has often prevented it from speaking in an authoritative manner.

Although there is no strong tradition of child care research in Alberta, this is not true of the field as a whole. Over the past 50 years numerous reports have been published discussing and verifying certain practices and child care effects (Belsky, 1982; Willis & Friendly, 1987; Howes, 1986 ). Recent reviews of the child care literature have attempted to cluster the research reports and to identify trends in the questions being addressed. Pence in 1981, Goelman and Pence in 1985, and Phillips in 1987 produced similar descriptions of the stages of research questions that have been considered, and discussed current and possible future directions.

Phillips (1987), describes the waves of research as represented by three basic questions:

> Does day care help or harm development?
> Which types of child care are best for children?
> How can we make child care better?

The present wave, she suggests, involves researchers in attempting to uncover components of good quality care and to, "capture the vast diversity among child care environments and to relate this diversity to how children fare in child care" (Phillips, 1987, p. 1X).

By comparison, Pence describes previous day care research as occurring in four generations. The first, emphasized the sanctity of motherhood and concluded that child care was bad because it involved separation (Bowlby, 1951). The second generation, which occurred at the time of the inception of the Head Start program in the early 1960s, considered that day care was good for some children - especially those

whose development was at risk because they lived in poverty or who attended university based centres. The third generation, which occurred in the late 1960s and early 1970s, started to look at children in care in more typical settings and produced a more tentative direction, suggesting that day care was a complex subject to study. The fourth generation, involved a consideration of many different variables when investigating child care - including the child, the day care setting, the caregiver and the parents (Pence, 1981).

The present, Pence suggested in 1981, involves an attempt to build on and to further refine our present knowledge of those characteristics which impact on children's development.

Goelman and Pence in 1985, and Phillips in 1987, suggest a number of similar considerations for future research agendas. Goelman and Pence, base their future suggestions within the ecological framework proposed by Bronfenbrenner in 1979. They state the case for research within the microsystem of day care, including descriptions of the various child care settings, the environments within those settings and the impact of these on children's development. Phillips also suggests the need for more study on the elements of the child care environment. She emphasizes the interrelatedness of those characteristics of quality care which have already been identified and suggests that, "These interactive effects and clusters of quality indicators that occur in the real world of child care constitute relatively uncharted territory for researchers" (Phillips, 1987, p. 121). Phillips also stresses the need to investigate child care settings as work environments, posing questions of the "relations among features of the work or adult environment, the developmental environment of child care, and the children's actual development in child care" (Phillips, 1987, p. 122).

Goelman and Pence argue that research on the mesosystem of child care should focus on the relations between home and child care environments and their impact on child outcomes. Basing their premise on the work of Kamerman (1982), they also contend that, "Much research is needed in this uncharted area of the relationship between work and family, and the subsequent ripple effects on the selection, nature, and effects of a day care environment" (Goelman & Pence, 1985, p. 338). Phillips, describing child care as, "a joint enterprise of parents and caregivers" (p. 123), suggests that collaborative research is needed which examines the relationships that exist between parents and caregivers and the ways in which these relationships impact on the child in care.

Goelman and Pence follow the ecological model and suggest that future research must take into account the exosystems and macrosystems which impact on the child in care. In these they include the regional influences of history, legislation and philosophy. For instance, the orientation of Alberta to profit day care centres, "directly impacts families in terms of the type, availability, accessibility, and affordability of day care

alternatives for families" (Goelman & Pence, 1985, p. 339). At the level of the macrosystem the Canadian context for child care is different from the U.S. in many ways - culturally and socially - and these differences need to be taken into account. They conclude, "The careful and contextual investigation both within and across the systemic levels of day care must be given priority in day care research if it is to yield information accurately reflecting the reality of day care which will be useful and important in developing appropriate family, education, and day care policies" (Goelman & Pence, 1985, p. 339).

By comparison, Phillips stresses the need for longitudinal studies, suggesting that the field is currently devoid of such reports. The particular area which she believes is in need of such study is following the child in transition from child care and into formal school. She concludes: "Research is one important cog in the chain of events that can stretch the limits of what is considered possible and what is considered essential for the well-being of the nation's children and families" (Phillips, 1987, p. 125).

## PURPOSE

The purpose of this study was to provide a focus to the development of child care research in Alberta by collecting and describing topics and issues in the field which are important and about which further information is needed.

## RESEARCH DESIGN

### The Delphi Method

The Delphi Method was adopted as the means to collect data for this study. This method has been used in a number of research studies during the past 50 years (Linstone and Turoff,1975; Kruus, 1983; Scheidner,1972). It allows for the systematic collection and collation of informed opinions on a particular topic, and has typically been used to forecast future events and decisions and their consequences. It has particular usefulness as a means to collect and exchange informed opinions when it is difficult to bring people together, or when it is considered that conflicts between participants would inhibit progress in more traditional meetings(Turoff,1970). It provides an opportunity to collect an up-to-date consensus of opinion from independent and anonymous experts (Linstone and Turoff, 1975).

The data collecting process involved a series of three rounds of written questionnaires each sent to a group of pre-selected individuals. Each round of the questionnaires was based on comments and suggestions made by the participants in previous rounds, and was aimed at examining differences in opinion and in finding areas of agreement.

## Table 1: Overview of Delphi Procedure

| Actions by researchers | Actions by participants |
|---|---|
| **Pre-questionnaire** | |
| Determine purpose & objective | |
| Establish criteria for selecting participants | |
| Contact participants | Agree to participate |
| Collect agenda items for Round 1 from participants | Suggest research agenda topics |
| **Round 1 Questionnaire** | |
| Compile questions based on information from participants | |
| Mail questionnaire | |
| | Complete first questionnaire:<br>- rank order topics<br>- suggest new topics<br>- suggest issues/questions within topics<br>Mail completed questionnaire |
| **Round 2 Questionnaire** | |
| Receive completed forms from Round 1 | |
| Collate comments and compile second questionnaire | |
| Mail questionnaire | |
| | Complete second questionnaire:<br>-rank order topics<br>-refine issues/research questions<br>-rate importance of issues<br>Mail completed questionnaire |
| **Round 3 Questionnaire** | |
| Receive completed forms from Round 2 | |
| Collate comments and compile third questionnaire | |
| Mail questionnaire | |
| | Complete third questionnaire<br>-comment on group ratings of issues questions<br>-rank order the topics which had received the highest ratings<br>Mail complete questionnaire |
| **Post- Questionnaires:** | |
| Receive completed forms from Round 3 | |
| Analyze all rounds | |
| Write final report | |
| Mail copies to all participants | Receive copy of final report. |

## Research Procedure

Subject Specification:

The subject presented to participants as the basis for this study was:

*To create a suggested research agenda on child care in Alberta.*

Specific topics and questions within the topic were all suggested by participants, both before and during the questionnaire rounds.

Participants:

The criteria used to select participants were:

current involvement in child care in Alberta
knowledge of the field
positions attributed to the person in the field
group affiliation
relative influence
formal authority

In choosing participants every attempt was made to select a representative group of informed advocates. The participant group was limited to professionals from within the field and did not include parent representatives.

Each individual was asked to respond personally, and not on behalf of any particular group. However, the final group of participants did represent a broad cross section of positions, affiliations and services. (Appendix A).

A total of twenty-four participants were selected from across the province, with sixteen from either Edmonton or Calgary and eight from other regions within the province. The number of participants was limited to twenty-four to ensure a manageable number of responses. All of the people who were invited to participate agreed to do so.

Pre-Questionnaire:

Each of the selected people was contacted by telephone and invited to participate. At that time, an explanation for the purpose of the study was given and a description of their role and probable time commitment. The process was described as a series of 'meetings' at which participants would have an opportunity to share ideas and information on the proposed topic and to find areas of agreement and disagreement. It was explained that the process differed from traditional meetings in that participants would not meet together physically and each participant would

remain anonymous throughout. Each person was given assurance that their participation and their comments would be treated in confidence. The role of the researchers was to 'chair' the meetings.

Following their agreement to participate, each person was asked to describe the two or three most pressing issues that they would like to have discussed. These comprised the 'agenda', or content, for the first round of the questionnaires.

A letter was mailed to each person who had agreed to participate, giving further information about the process and their role within it.

Questionnaires:

Three rounds of questionnaires were sent to participants between October and December, 1989. Each questionnaire was coded to allow for tracking and possible clarification of the responses. Participants were sent two blank copies of each questionnaire, and were asked to return one completed copy within 10 days. They were invited to keep the second copy for their own records.

The first questionnaire was based on information given by participants in the initial telephone contact. The succeeding rounds were developed from the responses obtained in each preceding round.

Throughout the process, participants were encouraged to answer questions as fully as possible, to give explanations for their opinions in areas that they felt confident, to change the wording of questions and suggest improvements, and to provide topics and issues for ensuing rounds. (Appendix B).

## RESULTS

### Round 1 Questionnaire

The first questionnaire was based on the topics provided by participants in the initial telephone interview. There were three primary questions. The first, asked participants to rank order the 35 listed items in order of importance. The second, asked them to add further topics and to provide clarifying comments. The third question, asked participants to list the particular issues or research questions within each of the topics. (Appendix C)

The twenty-three participants to Round 1 rank ordered the 35 items in order of importance, with number one being the most important and number 35 the least important.

**Table 2**

**Research topics: Suggested in pre-questionnaire telephone call and as rank ordered by participants to Round 1**

| TOPICS: LISTED FROM MOST TO LEAST IMPORTANT | MEAN RESPONSE | STANDARD DEVIATION | RANGE OF RESPONSE |
|---|---|---|---|
| 1. Staff qualifications | 4.6 | 3.2 | 1 - 13 |
| 2. Public education | 6.07 | 5.4 | 1 - 31 |
| 3. Training for caregivers | 6.23 | 4.2 | 1 - 21 |
| 4. Influencing social policy | 8.33 | 2.7 | 2 - 16 |
| 5. Regulations and quality | 8.86 | 4.8 | 4 - 24 |
| 6. Parent education | 9.33 | 5.1 | 1 - 26 |
| 7. Recruitment of day care staff | 11.58 | 6.1 | 3 - 26 |
| 8. Infants in day care | 11.85 | 4.3 | 3 - 25 |
| 9. Who makes decisions | 12.17 | 5.2 | 2 - 30 |
| 10. Evaluation of training | 12.35 | 3.8 | 3 - 23 |
| 11. Parent involvement | 14.00 | 3.7 | 2 - 36 |
| 12. Staff development | 14.85 | 5.3 | 7 - 28 |
| 13. Control of funding | 14.92 | 7.1 | 3 - 33 |
| 14. Professionalism | 15.00 | 7.3 | 6 - 35 |
| 15. Parent/staff relations | 15.38 | 5.9 | 2 - 29 |
| 16. Infant care options | 15.59 | 8.3 | 6 - 27 |
| 17. School age care | 16.14 | 6.2 | 4 - 35 |
| 18. Staff motivation | 16.15 | 4.1 | 4 - 35 |
| 19. Home based vs. group care | 16.76 | 8.7 | 5 - 35 |
| 20. Professionals working together | 17.15 | 5.3 | 10 - 35 |
| 21. Toddler care | 17.30 | 4.1 | 6 - 29 |
| 22. Recruiting FDH providers | 17.9 | 6.2 | 6 - 30 |
| 23. Care for sick children | 18.14 | 8.7 | 4 - 35 |
| 24. School age care: Accessibility | 18.15 | 10.2 | 6 - 33 |
| 25. Integration | 18.16 | 7.9 | 5 - 33 |
| 26. Training FDH providers | 19.16 | 7.7 | 3 - 29 |
| 27. Diversifying services | 20.68 | 9.2 | 3 - 35 |
| 28. Parent vs 'other' care | 21.00 | 8.6 | 1 -35 |
| 29. Community development | 21.71 | 7.9 | 4 - 35 |
| 30. FDH: impact of ratios | 22.15 | 4.2 | 11 - 32 |
| 31. Day care and immigrants | 23.23 | 8.2 | 16 - 35 |
| 32. FDH: As preferred care | 23.61 | 6.9 | 7 - 35 |
| 33. Programming: Interest centers | 24.9 | 4.2 | 13 - 35 |
| 34. Unionization for caregivers | 25.9 | 8.8 | 6 - 35 |
| 35 . Communicable diseases | 27.10 | 7.3 | 19 - 35 |

The diversity in the views and interests of the participants was apparent from the variety of responses received to this first question. No topic was described as irrelevant or unimportant although the range in the rank ordering of most topics was wide.

In response to the second question, participants suggested ways in which the wording of topics could be improved and in several instances, clustered together. Six new topics were suggested as additions to the original list. These were:

Defining and measuring quality care.

Affordability and subsidy.

People entering child care.

Private and public care: The real differences.

Centre care and integrated Early Childhood Services (Kindergarten).

Caregiver interactions with children and adults.

While the participants who suggested these new topics gave rationales for their inclusion, no specific questions or issues were raised within them.

The ninety-seven research questions generated by participants in response to the third question also pointed to the breadth of opinion and interest of the group. Responses to this question ranged from as few as four to as many as thirty seven research questions suggested by a single participant. Several of the suggestions were similar in wording and intent and were clustered by the researchers to form a more manageable list.

**Round 2 Questionnaire**

All of the information and questions contained in Round 2 were derived from Round 1 responses. The first question in this round asked participants to rank order the newly clustered and re-worded list of 21 topics, including the six that were suggested for the first time in Round 1. The second question requested that they rate each of the request questions clustered under each of the 15 topics, excluding the six new topics for which no specific research questions were generated, on a 5 point scale ranging from *very important* to *unimportant.* (Appendix D).

The 21 re-worded topics were rank ordered by the 22 participants to the first question in Round 2 , with the first topic being the most important and the twenty-first topic the least important (Table 3). The clustering and wording of these topics followed the advice of participants to Round 1. However, the changes were arbitrary and four participants to Round 2 made further suggestions for refinement. While a wide diversity of opinion was still apparent in the responses, there was increased agreement on the importance of some topics. These topics included staff training, standards of care, the role of regulations, and staffing issues.

## Table 3

### Research Topics: Rank ordered by participants in Round 2

The first column indicates the topics from Table 2 which were clustered together at the suggestion of participants in Round 1. Six new topics were suggested and are included in this table.

The topics are listed in the order of importance as determined by the participant's rank ordering.

| FORMER TOPICS FROM ROUND 1 | TOPICS AFTER CLUSTERING | MEAN RESPONSE | STANDARD DEVIATION | RANGE OF RESPONSE |
|---|---|---|---|---|
| (1,3,12,26)* | Training & education for caregivers | 3.73 | 2.97 | 1 - 9 |
| New topic | Defining & measuring 'quality' care | 5.82 | 5.65 | 1 - 21 |
| (5) | Regulations and quality | 6.72 | 4.17 | 2 - 16 |
| (2,6,11,15,28) | Parent/public education and involvement | 6.81 | 5.24 | 1 - 15 |
| (14,18,34) | Child care staff issues | 6.84 | 3.78 | 3 - 16 |
| (7) | Recruitment & retention of staff | 7.62 | 5.78 | 2 - 15 |
| (4,9,13) | Influencing social policy | 7.81 | 5.06 | 1 - 17 |
| New topic | Affordability and subsidy | 9.06 | 4.19 | 2 - 16 |
| (8,16,21) | Infant/ Toddler care | 9.60 | 5.37 | 1 - 15 |
| New topic | Caregiver interactions with children and adults | 10.55 | 4.36 | 4 - 19 |
| (23) | Flexible hour care | 11.10 | 5.78 | 3 - 21 |
| (17,24) | School age care | 12.25 | 3.68 | 7 - 19 |
| New topic | People entering child care | 12.65 | 6.46 | 1 - 21 |
| New topic | Private and public care: The real differences | 13.30 | 4.75 | 6 - 21 |
| (33) | Program planning for children | 14.25 | 5.26 | 6 - 21 |
| (25) | Children with special needs | 14.31 | 3.52 | 5 - 21 |
| (19,27,29) | Relationship of child care to other personnel/ institutions | 14.8 | 3.94 | 6 - 20 |
| (19,22,30,32) | Family Day Home care | 15.1 | 3.38 | 9 - 20 |
| (31) | Child care as a socializing agent for immigrant children | 15.7 | 4.03 | 8 - 21 |
| (35) | Health care issues | 17.00 | 4.77 | 5 - 21 |
| New topic | Center care and integrated ECS | 17.4 | 4.23 | 6 - 21 |

* numbers refer to the topics from Round 1 which were clustered at the suggestion of participants.

The shift towards a consensus was observable in the results of the second question in Round 2. Participants rated the 80 research questions on a 5 point scale, from *very important* to *unimportant*.. In order to ensure the consistency in the participants' ratings, definitions of each of the five points on the rating scale were included in the questionnaire.

**Rating Scale:**

**1. VERY IMPORTANT**
Has direct impact on the quality of care of children and must be resolved, dealt with, or treated.

**2. IMPORTANT**
Has significant impact on quality care, but cannot be dealt with until other issues are resolved.

**3. DO NOT KNOW**
You do not feel confident about your knowledge of an issue or question to rate its importance.

**4. SLIGHTLY IMPORTANT**
Has little importance in resolving issues of quality care. It is not a determining factor in any major issue.

**5. UNIMPORTANT**
Has no measurable effect and should be dropped as an item to consider.

Each research question was regarded as *important* or *very important* by at least 30% of participants. Fourteen research questions were rated as *important* or *very important* by at least 80% of participants. Of these, 8 issues were rated as *important* by 90% of participants, of whom at least 73% rated them as *very important*. Only three ratings of *unimportant* were received. The results of the ratings are given in Table 4, topics 1 - 15.

### Round 3 Questionnaire

In Round 3, participants were invited to comment on the results of the ratings from Round 2, to further refine the wording in the research questions, and to rank order the eight most important topics using a process of paired comparison.(Appendix E)

Of the 22 participants , 5 (23%), received the information given in questions 1 - 3 , and did not comment. The remaining 17 (77%) made various comments ranging from surprize at the particular rating given to a research question by the group, to suggesting changes in the wording of research questions.

The comments and suggestions made by participants in Round 3 are contained in Table 4, topics 1 - 15. They are shown either as suggestions for change to the wording of a research question or as a comment that a participant considered the rating of a research question as too high or too low.

The topic Tables which follow show the results of that rating by the 22 participants in Round 2 and include additional suggestions made by some participants to Round 3. The topics are presented in the order of importance as determined by participants in Round 2. The research questions are listed within each of the topics and are also presented in the order of importance as determined by participants in Round 2.

No specific questions were generated by participants to fit within the *New Topics* which were listed in Round 2. The following topics are, therefore, not included in Table 4:

Defining and measuring quality care.
Affordability and subsidy.
Caregiver interactions with children and adults.
People entering child care.
Private and public care: The real differences.
Centre care and integrated ECS.

## Table 4
## Research questions for each topic: Rated on a five point scale of importance

**Topic #1: Training and education for caregivers**

| | QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|---|
| | | | very important | important |
| 1. | What knowledge, skills and attitudes do caregivers need in order to be effective? | 1.20 | 82% | 18% |
| 2. | What is the impact on the quality of care if staff are trained or untrained? | 1.25 | 73% | 27% |
| 3. | What kind of training produces what quality of caregiver? | 1.5 | 59% | 27% |
| 4. | What criteria should be used to evaluate training programs? | 1.95 | 36% | 45% |
| 5. | Why is training of child caregivers not a priority in Alberta? | 2.33 | 36% | 23% |
| 6. | Should there be different education programs for different child care positions? | 2.50 | 27% | 32% |
| 7. | Who should provide caregiver training? | 2.50 | 27% | 27% |
| 8. | What in-service training opportunities exist for caregivers? What is their effect? | 2.63 | 27% | 27% |
| 9. | What training models exist in Alberta/ Canada? | 3.00 | 18% | 14% |
| 10. | Should training programs be standardized across Canada? | 3.16 | 14% | 23% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. What knowledge, skills and attitudes do caregivers need in order to work effectively with children, families and other disciplines?
2. How does training impact on quality care?
3. What is the relationship of training to the quality of the caregiver?
5. Why is training of caregivers not a priority of the government in Alberta?

**The following opinions on the group ratings were made by participants in Round 3:**

One participant considered that question one(1) was more important than the group rating.
Two participants considered that question five (5) was more important than the group rating.

## Topic #2: Regulations and quality

| QUESTION | MEAN RESPONSE | PERCENTAGE very important | important |
|---|---|---|---|
| 1. What is the relationship between adherence to regulations and quality care? | 1.81 | 73% | 23% |
| 2. What is the current level of compliance with provincial regulations? | 2.16 | 41% | 36% |
| 3. What are the elements of quality care which require judgement and interpretation? Can they be regulated? | 2.16 | 36% | 36% |
| 4. What are the differences between govn. regulations and standards set by the field? | 2.37 | 18% | 45% |
| 5. Whose needs are met through regulations? | 2.58 | 27% | 27% |
| 6. Who monitors the regulations? | 2.70 | 23% | 32% |
| 7. What are the bases for establishing the regulations? | 2.79 | 2?% | 18% |

**The following suggestions for wording changes were made by participants in Round 3:**

6. What are the qualifications necessary for people who monitor child care facilities?

6. Is monitoring successful?

**The following opinions on the group ratings were made by participants in Round 3:**

One participant considered that research questions five (5) and six (6) should be combined.
One participant considered that research question two (2) was less important than the group rating.

## Topic # 3: Parent and public education and involvement

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What impact does parent involvement have on the quality of care? | 1.25 | 86% | 5% |
| 2. What are the effects of poor standards of care on children and families? | 2.00 | 50% | 18% |
| 3. How are parents presently involved? Are they satisfied with their involvement? | 2.22 | 27% | 45% |
| 4. What is the impact on families of parent education and/or involvement? | 2.25 | 41% | 32% |
| 5. Would a promotional campaign assist in educating society and parents about care? | 2.50 | 36% | 18% |
| 6. What is the role of child care in the education of parents? | 2.54 | 32% | 23% |
| 7. What are the constraints which prevent parents from more involvement? | 2.79 | 14% | 41% |
| 8. What do parents learn from day care? | 2.83 | 9% | 41% |
| 9. Do parents understand those elements of 'other' care which make a difference? | 2.87 | 23% | 27% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. How does parent involvement impact on the quality of care?
1. What impact do the daily interactions between staff and parents have on the self esteem of the child, parents and caregivers?
3. Is there recognition that parents should be involved in day care?
4. How does parent education/ involvement impact on families?
6. What is the role of parents in the education of caregivers?
7. How do we reduce the constraints which prevent parents from more involvement?
8. Is day care a resource for parent education?
9. What do parents know/ understand about day care?

**The following opinions on the group ratings were made by participants in Round 3:**

One participant considered that research questions three (3) and seven (7) should be combined.
One participant considered that research question two (2) was more important than the group rating.
One participant considered that research question seven (7) was less important than the group rating.

## Topic #4: Child care staff issues

| QUESTION | MEAN RESPONSE | PERCENTAGE very important | important |
|---|---|---|---|
| 1. What is the rate of staff turnover and how does it impact on children? | 1.91 | 45% | 32% |
| 2. How can competent caregivers be supported? | 2.08 | 41% | 36% |
| 3. Should caregivers strive for professional status? | 2.33 | 27% | 36% |
| 4. How are caregivers socialized into the field? | 2.33 | 23% | 36% |
| 5. What opportunities for personal growth, professional development and career advancement exist in child care? | 2.45 | 27% | 36% |
| 6. A code of ethics: What should it say? | 2.91 | 18% | 23% |
| 7. What are the effects of unionization for child caregivers? | 3.25 | 23% | 14% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. How does staff turnover affect the children and the services offered?
3. How can caregivers attain professional status?
5. What personal growth, professional development and career advancement opportunities exist in child care?

**The following opinions on the group ratings were made by participants in Round 3:**

One participant considered that question four (4) was important than the group rating.

## Topic #5: Recruitment and retention of staff

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What is the relationship between pay, working conditions, status, promotion opportunities and the recruitment and retention of staff? | 1.15 | 77% | 23% |
| 2. What knowledge, skills and attitudes are characteristic of 'good' caregivers? | 1.58 | 64% | 18% |
| 3. Why do people enter and stay in the child care field? | 1.89 | 45% | 27% |
| 4. What benefits, inducements and changes are needed in order to retain staff? | 2.13 | 36% | 45% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. How are recruitment and retention affected by pay, working conditions, opportunities for advancement and the status of the profession?

3.What motivates people to stay in the field?

## Topic #6: Influencing social policy

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What information do policy makers need and use? | 1.75 | 45% | 41% |
| 2. Why are people in the child care field unable to influence social policy? | 2.13 | 50% | 14% |
| 3. How are social policies made? | 2.33 | 36% | 18% |
| 4. What consensus exists in the field with regard to social policy? | 2.50 | 23% | 32% |
| 5. Why is non-familial care portrayed as harmful to some families and as a solution to a social problem for others? | 3.33 | 23% | 9% |

**The following opinions on the group ratings were made by participants in Round 3:**

Two participants considered that question one (1) was less important than the group rating.

One participant considered that question five (5) was more important than the group rating.

## Topic #7: Infant and Toddler Care

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What are the criteria for providing good quality infant & toddler care? | 1.20 | 91% | 5% |
| 2. What are the specific training needs of caregivers who work with infants and toddlers? | 1.91 | 41% | 36% |
| 3. How are infants in Alberta currently receiving non-parental care? | 2.20 | 36% | 32% |
| 4. What is the current and projected need for infant care in the province? | 2.25 | 36% | 27% |
| 5. What are the impacts of various forms of infant non-parental care on child outcomes? | 2.29 | 36% | 18% |
| 6. What is the incidence of flexible work time, extended parent leave, job sharing etc. by parents of infants? | 2.50 | 27% | 27% |
| 7. What percentage of infants are receiving care in family day homes versus center care and why? | 2.50 | 18% | 18% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. What are the criteria for the provision of quality of care for infants and toddlers?
2. What specific training needs are required by infant and toddler caregivers?
7. ( statistics on this would be helpful in determining need).

**The following opinions on the group ratings were made by participants in Round 3:**

One participant considered that question two (2) was more important than the group rating.
One participant considered that question three (3) was more important than the group rating.
One participant considered that question six (6) was more important than the group rating.
One participant considered that question three (3) was less important than the group rating.

## Topic # 8: Flexible hour care

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What are the implications of extended hour care for children, parents & staff? | 1.9 | 50% | 32% |
| 2. What is the demand for various forms of flexible hour care? | 2.33 | 36% | 23% |
| 3. Should care for sick children be provided out of home? | 2.38 | 32% | 18% |
| 4. What additional regulations need to be in place for flexible hour care? | 2.5 | 27% | 27% |

## Topic #9: School age care

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What standards should be in place for school age care? | 1.62 | 54% | 27% |
| 2. Who should provide and fund school age care? | 2.04 | 36% | 27% |
| 3. What are the child users' perceptions and preferences for school age care? | 2.38 | 32% | 18% |
| 4. What forms of non-licensed school age care are currently used by families? | 2.38 | 23% | 27% |
| 5. What is the present and projected need for school age care? | 2.66 | 27% | 32% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. What standards are required for school age care?
2. How should school age care be provided and funded?
2. Who should provide and regulate school age care?

**The following opinions on the group ratings were made by participants in Round 3:**

One participant considered that all of the research questions in this topic were more important than the group rating.

## Topic #10: Program planning for children

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. How do children spend their time in child care? | 1.91 | 45% | 32% |
| 2. Do trained staff provide more appropriate activities for children? | 2.08 | 41% | 27% |
| 3. What are the skill and knowledge bases of caregivers in planning activities for children? | 2.34 | 41% | 23% |

**The following suggestions for wording changes were made by participants in Round 3:**

2. What skills and knowledge are needed to effectively plan child care activities?

## Topic #11: Children with special needs

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What special training and personal characteristics make caregivers effective in working with children with special needs? | 1.83 | 74% | 18% |
| 2. What happens for children with special needs in day care? | 2.12 | 32% | 32% |
| 3. How should funds be allocated to best meet the needs of children with special needs? | 2.33 | 27% | 32% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. What training and personality traits are required by caregivers of children with special needs?
2. How are funds allocated to provide services for children with special needs and how can they be used effectively?
3. What programs exist for children with special needs in day care?

## Topic #12: Child care and its relationship to the community

| | QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|---|
| | | | very important | important |
| 1. | What is the continuity of experience for children in care from birth to school age? | 1.95 | 59% | 18% |
| 2. | What support services are needed/ wanted by families with young children? | 2.17 | 64% | 14% |
| 3 | Should caregiver training be multidisciplinary? | 2.26 | 27% | 41% |
| 4. | What is the relationship of caregivers with others who work with young children and families? | 2.39 | 32% | 36% |
| 5. | What are ways that various disciplines can work together for the benefit of children? | 2.60 | 36% | 23% |
| 6. | What role does child care have in community development? | 2.69 | 18% | 32% |

**The following suggestions for wording changes were made by participants in Round 3:**

4. What is the current relationship of caregivers with other related child caregivers?

## Topic #13: Family day home care

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. What happens for children in FDH and what are the child outcomes? | 1.16 | 77% | 14% |
| 2. Should providers receive formal training? What form & content should any training have? | 1.50 | 55% | 27% |
| 3. What is the impact for a provider, her family & the children in care? | 1.95 | 59% | 18% |
| 4. Who are the family day home providers and why do they choose to provide care? | 2.13 | 50% | 32% |
| 5. What are the problems of providing care for other children in your home? | 2.21 | 45% | 23% |
| 6. What are the attitudes of providers to their jobs, training and profession? | 2.34 | 41% | 23% |
| 7. Who prefers FDH rather than center care and why? | 2.39 | 36% | 27% |

**The following suggestions for wording changes were made by participants in Round 3:**

1. What types of care and activities are provided in family day homes and what are their effects on children?
2. What type of formal training is required by family day home providers?
4. Who are the individuals who provide care in their homes and why do they provide such services?
5. What problems exist in the provision of care in family day homes?

**The following opinions on the group ratings were made by participants in Round 3:**

One participant considered that research question four (4) was less important than the group rating.

## Topic #14: Child care and the socialization of immigrant children

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. How does child care help or hinder the socialization of immigrant children? | 1.70 | 36% | 41% |
| 2. What are the attitudes of caregivers to immigrant children? | 2.16 | 41% | 23% |

**The following suggestions for wording changes were made by participants in Round 3:**

2. What are the attitudes of caregivers to children of visible minorities?

## Topic #15: Health Care

| QUESTION | MEAN RESPONSE | PERCENTAGE | |
|---|---|---|---|
| | | very important | important |
| 1. How should we care for children who are sick? | 2.25 | 36% | 27% |

Twenty participants completed a paired comparison of the eight research questions which had received the highest ratings in Round 2. Each of these research questions had received ratings of *important* or *very important* by at least 90% of participants in Round 2, and ratings of *very important* by at least 73% of participants. The results of this comparison (Table 5) point to an agreement that personnel and training issues are of primary concern. Three of the first five items are concerned with caregiver preparation, the effects of training on the standards of care and the relationship of caregiver job satisfaction to recruitment and retention.

**Table 5**

**The eight most important research questions: In order of importance as determined by participants in Round 3 using a paired comparison method of ranking:**

1. What knowledge, skills and attitudes do caregivers need in order to be effective?
2. What is the impact on the quality of care if staff are trained or untrained?
3. What happens for children in family day home care and what are the child outcomes?
4. What are the criteria to be used for providing good quality care for infants and toddlers?
5. What is the relationship between pay, working conditions, status and promotion opportunities and the recruitment and retention of staff?
6. What training and personal characteristics make caregivers effective in working with children with special needs?
7. What is the relationship between adherence to regulations and quality care?
8. What impact does parent involvement have on the quality of care?

## DISCUSSION

The discussion of the results of this study is organized to provide a brief comment on the research questions generated within each of the topics and to provide some indication of other studies which have reported on that topic.

Of the eighty research questions, twenty-five were considered to be important or very important by at least 75% of participants. Of these, eight were rated as important or very important by 90% of participants and a further six were rated as important or very important by 80% of participants. The majority of the research questions (48), were considered important or very important by between 50% and 75% of participants. Only 7 research questions were not considered to be important or very important by at least 50% of participants and no research questions received support from less

than 30% of participants. Only three single ratings of unimportant were given.

The twenty-five research questions which received the most support were spread across the fifteen topic areas. The only topic which did not include a research question from this list of twenty-five was *Health Care*. Several topics included more than one research question from the list of twenty-five which were rated as most important. *Training and education for caregivers, Recruitment and retention of staff,* and *Family day home care,* each included three research questions from this list. *Infant and toddler care, Child care and its relationship to the community, Regulations and quality*, and *Child care staff issues,* each included two research questions that were rated within the twenty-five most important questions.

The importance of **caregiver training and education** (Table 4: topic 1),was reflected in the number of questions generated by participants and in their rating as important. All questions related to caregiver preparation were rated as important by at least 30% of participants, and four questions were considered important by at least 80% of participants. Four of the questions rated as most important by participants had direct reference to caregiver knowledge, skills or training.

Caregiver preparation and education has been increasingly recognized and reported during the past decade. The National Day Care Study (Ruopp, Travers, Glantz and Coelen, 1979) concluded that the number of years of child-related education was directly related to the amount of time that caregivers spent interacting with children. Ten years later, The National Child Care Staffing Study (Whitebook, Howes and Phillips, 1989) reported that the amount of formal education was the strongest predictor of appropriate caregiver behavior.

While debate continues with respect to the content and amount of training (Arnett,1990), all studies report strong relationships between caregiver education and behavior (Berk,1985; Clarke-Stewart and Gruber, 1984; Phillips and Howes, 1987).

At the time of data collection no training requirements were legislated in Alberta. However, in the summer of 1990 training standards were introduced. These standards require that all centre directors hold a 2 year diploma in early childhood education/ development or equivalent, one in four centre caregivers possess a one year certificate in early childhood education/ development or equivalent and that all remaining staff complete a 50 hour orientation course. These requirements will be phased in over 5 years (Alberta Family and Social Services, July 1990).

In a survey of 600 child caregivers, LaGrange and Read reported that 31% of caregivers held a qualification in early childhood education/ development, a higher percentage than that required within the new

regulations. They also reported very strong support for training standards by all sectors of the child care community with the exception of centre directors who had no post-secondary training (LaGrange and Read, June 1990).

Questions of **quality care and regulation** (Table 4, topic 2) were raised by several participants. For the most part these questions reflected concern with the notion of minimum standards, as established in provincial regulations, compared to standards of quality that may be established by the field.

Within Alberta, following the introduction of day care standards (Social Care Facilities Licensing Act, 1981), there were reports of inadequate enforcement and of regional disparities (Cavanagh, Allison and McCoy, 1983; Bagley, 1985). The response, by the provincial government department of Social Services, included the introduction of policy manuals (Alberta Social Services, 1987, 1989) and a practice of hiring consultants and licensing officials with relevant training and experience.

A number of studies have considered the topic of regulation and quality, in particular the discrepancy between standards set by public policy and those established by the child care profession. (Kontos,1986; West,1988; Morgan,1984). These studies point to the need for the child care field to develop and test new standards that will help to refine our understanding of what constitutes good quality care. As Morgan concluded in her observations on regulations and change in child care:

> *Those who want to make day care better need to ask not "What should the standards be?" but the more important questions, "What aspects of day care are best regulated by government, and what aspects are best left in the hands of parents and staff?" "What mix of regulatory and nonregulatory actions will best protect children from harm and result in improved quality"* ( Morgan, 1984, p. 184).

The research questions generated within the topic of **parent and public education and involvement** (Table 4: topic 3),dealt largely with the issues of the relationship between the family and the child care service and reflected a concern for increasing the contact between the two systems. They also emphasized the importance of improved education of parents in order to increase their understanding of child care.

Several reports have discussed the relationship of family and child care. Particular emphasis has been given to topics such as parent/child attachment (Benn,1985), the effects of child care on families (Ramey, Dorval and Baker-Ward,1983) and the relationship of family and child care characteristics (Pence and Goelman,1987).

The importance of the relationship between the family and the caregiver is demonstrated in the number of books and articles devoted to

assisting parents in the selection of child care services (Gallagher-Ross, 1984; Miller and Weisman, 1986; Roseman and Darragh, 1986) and to the publications encouraging direct parent involvement (Cataldo,1983; Stevens and King, 1976; Fisher, 1976).

Within Alberta, although there are no published investigations of parent and caregiver relations or of the role that parents currently have in the operation of centres, a recent government document describes their role as:

> *Parents play an important role in ensuring good quality care for their child... Parents are in the best position to evaluate the ongoing care their child is receiving. Parents also have an essential right to question, challenge, and follow-up on any concerns they may have regarding their child's care* (Alberta Family and Social Services, July 1990).

Public attitudes towards child care, while frequently a topic of discussion, have not been widely reported. General reports, such as those on the role of women in society (Angus/Reid Southam News Poll, 1987; Goldfarb, 1986), indicate support for accessible child care services. In 1986, Lero reported finding considerable demand for child care services, even among families which preferred parental care and who identified their use of formalized child care services as occasional, for emergency and for enrichment purposes only (Lero, 1986).

*The National Child Care Study* (Lero, Pence, Goelman and Brockman, in progress), may provide more information on levels of parent involvement and satisfaction.

A major focus in the child care literature at the present time concerns **child care staff issues** (Table 4: topic 4), including the role and working conditions of child caregivers (Whitebook, Howes and Phillips,1989; Clarke-Stewart, 1988 ). The questions raised by participants in this study indicated similar concerns to those being raised elsewhere. One theme consistent in these reports is that the demand for child care services has outpaced society's ability to create an adequate delivery system. Caregivers, while generally expressing satisfaction and commitment to many aspects of their work, receive poor compensation and consider the role of caregiver to be lower in status than all other jobs (LaGrange and Read, June 1990). For those staff who remain in the field, many issues remain; professionalism, unionization, ethical standards are included in the list of staff issues debated (Beker, 1975; Hilderbrand, 1986; Cummings, 1980; Lindsay and Lindsay, 1987).

Problems of child care status, as reflected by poor wages and working conditions (Whitebook et al., 1989; LaGrange and Read, 1990) have led to difficulties in **recruitment and retention of staff.** (Table 4, topic 5). The recent findings of The National Child Care Staffing Study

(Whitebook et al., 1989) show a turnover rate in excess of 40%, almost triple the rate of 10 years ago. Similar findings are reported in Alberta. A survey of 80 day care centres revealed a turnover rate of 43% in 12 months. In addition, 90% of directors described staff recruitment as very difficult or difficult (LaGrange and Read,1990 )

Participants expressed concern regarding **social policy** (Table 4: topic 6) decisions and implementation, especially as they affect child care. The questions raised point to the frustrations experienced by the field regarding social policies which provide regulation and some guidelines but which often appear to lag behind the needs of families and the child care services. The research questions in this topic also indicate the lack of a consensus in the field regarding social policy directions.

While some studies have indicated the implications of their findings for social policy (Schmidt, 1989), or have been critical of current social policy (Blank and Wilkins,1985), few have discussed ways in which child care services can impact on social policy decisions. In the United States, Kahn and Kamerman (1987 & 1989) discuss the implications of policies of privatization for child care. In Alberta, the privatization of social service policy is noted with some reference to child day care by Hornick, Thomlinson and Nesbitt (1988).

Parents of very young children continue to enter the labour-force and the demand for **non-parental care for infants and toddlers** is increasing. (Table 4, topic 7). The questions in this topic focussed on the criteria for providing good quality infant and toddler care, as well as the need to examine the alternate forms of non-parental care and how families' needs may change the demand.

The issue of group care for infants has been debated for many years, regaining particular prominence with a literary debate in the 1980s (Belsky, 1986; Phillips, McCartney, Scarr, & Howes, 1987). In this, Belsky, through an analysis of previous reports on infant child care, suggested that infants in group care may be at risk for future development. There were a number of rebuttals to his assertion, mostly claiming that Belsky was drawing conclusions from studies which were not a part of their original design.

There are very few reports on the availability and effects of **flexible hour care** (Table 4, topic 8), especially at atypical hours. Participants reflected some uncertainty with this area, raising questions of need, regulation and effects on families.

While some reports contend that family day home care provides for more flexible hours of operation (Alberta Social Services, 1987), Deller suggests that there is little evidence to support this claim (Deller, 1988; Abramovitch, 1987; Rochon, 1987).

The report, *Flexible Child Care in Canada*, provides a comprehensive discussion of the issues and problems associated with non-traditional child care and includes descriptions of a number of programs across Canada which provide flexible hour care (Friendly, Cleveland and Willis, 1989).

**Care for children of school age** (Table 4: topic 9) now constitutes approximately 25% of all child care spaces across Canada (Status of Day Care in Canada, 1989) and may be the fastest growing segment of the child care field.

The questions raised reflected the present state of such care within Alberta, where school age care falls within the jurisdiction of each municipality. Standards of care and accessibility vary depending on location (Bell-Lowther,1990). Kuiken proposed that the needs of school age children are significantly different from those of pre-school aged children and that the social phenomenon of care for these children is in need of attention. Kuiken also argued that self-care for school age children is not an alternative form of care at all (Kuiken, 1986). An overview of school age care provision across Canada, with a particular emphasis on Alberta, is given by Bell- Lowther in 1990.

The publication of *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age Eight* (Bredekamp, 1987) brought to prominence the question of appropriate **program planning and implementation for children in care.** (Table 4: topic 10). A number of studies have reported that staff with specific training in early childhood care provide more appropriate programs and interactions than staff without such training (Howes, 1983; Berk, 1985; Whitebook et al., 1989). Others have shown that program structure has a significant impact on children's development (Smith and Connolly, 1981; Clarke-Stewart and Gruber, 1984).

Within Alberta some guidelines for programming are contained in the *Day Care Licensing Policy Manual* (Alberta Social Services, 1987). However, no published reports have described how children spend their time in child care settings, or of how caregivers plan and provide programs for the children in their care. LaGrange and Read found that most centre caregivers did not get paid preparation time, especially in privately owned centres and that 64% of caregivers considered that regularly scheduled preparation time would significantly improve their working conditions (LaGrange and Read, June 1990).

Reports on **the integration of children with special needs** in child care (Table 4, topic 11) have usually focussed on how child outcomes are affected by varying program types (Miller and Bizzell, 1983; Ramey and Haskins, 1981; Scheinhart, Weikart and Larner, 1986; Karnes and Lee, 1984). The questions in this study were concerned with the

preparation of personnel, how programs are funded to integrate such children and the experiences of children with special needs in child care.

Within Alberta, Barros (1983) found that there was a need for more training and support for personnel who worked with children with special needs in day care. Some supports do exist, either financially through the integrated day care program (Alberta Social Services, 1981) or via consultation services normally provided by hospitals or rehabilitation agencies. However, there are no reports from within Alberta, which provide descriptions of children with special needs in care, their programs or their progress.

**The relationship of child care to the community** within which it is situated (Table 4, topic 12) has received increased attention since the work of Bronfenbrenner in 1979. His ecological perspective, with its layers or levels of influence, emphasized the inter-relatedness of the many environments which impact on the development of a child (Bronfenbrenner, 1979). The Victoria Study, which examined three types of child care using direct observation, parent, caregiver and child questionnaires in addition to child outcome measures, provides an example of one study which considered child care from an ecological perspective (Goelman and Pence, 1985). Attention has recently been directed to the relationship of child care and school (Kamerman, 1989; Kagan, 1989; Zigler, 1987). The main issues in the relationship between child care and school have been summarized in the form of an annotated bibliography (Shimoni, 1990).

Participants' questions in this area point to a need for child care to identify its position in the professional services available to families, both by examining the relationships that currently exist between child care and other services which work with families and young children and by a consideration of ways in which such services can become more integrated.

Given the increasing popularity of **family day home** (Table 4, topic 13) as an alternative form of non-parental child care, surprisingly few studies of its procedures or child outcomes have been reported. This is reflected in the research questions asked by participants, many of which ask for straight forward descriptions of the people involved, the experiences of the children and providers and the outcomes of family day home care on children's development.

Much of the research to date has considered the effect of this form of care compared to the child who is cared for at home (Clarke-Stewart, 1984; Howes and Rubenstein, 1981; Schwartz, 1983). The Victoria Study (Goelman and Pence, 1987), and the National Day Care Home Study (Divine-Hawkins, 1980) collected demographic information on regulated family day home providers, and found that most considered their previous experience with children to be their primary qualification. Deller provides a

comprehensive description of family day home care in several countries including Canada and the United States (Deller, 1988).

Within Alberta, the family day home program is regulated by the provincial government which normally contracts with agencies to operate the program. Approximately 2,600 approved providers are contracted by the agencies to care for 5,600 children across the province. A review of the program concludes,

*'that the family day home program, as it currently exists, is a good child care option for many Albertan families. If the program is to be improved, improvements could be viewed more as 'fine tuning' or enhancements, rather than a substantial 'change in direction'* (Alberta Social Services: Child Care Programs, 1988, p.20).

The results of a survey of family day home agencies and approved providers showed that while many providers enjoyed their work, most saw it as temporary, and only for the time that their own children were at home ( Read and LaGrange, August 1990). No attempt was made in this study to describe the experiences of children in family day home care or to determine the impact on children of particular provider characteristics.

In recent years attention has been paid to the multicultural nature of child care (Mock, 1986; Saracho & Spodek,1983). However, the impact of **child care as a socializing agent for immigrant children** (Table 4, topic 14) has not been reported. Most publications are aimed at helping caregivers to understand and to become more sensitive to the differences in children whether these are based on culture, gender or ability (Derman-Sparks, 1988; Chud & Fuhlman, 1985).

Few comments and only one research question was raised by participants within the topic of **health care** (Table 4: topic 15). This is surprizing because health and hygiene practices in child care settings are often emphasized and opposition to day care centres is frequently in the form of pointing out the increased risks to children of contracted various illnesses.

Parents, policy-makers and health professionals have expressed concern that children in group care are at increased risk for various illnesses (Kilmer, 1984) Haskins and Kotch, reported that children in group care in the U.S. did have higher incidence of some infectious illnesses (Haskins and Kotch, 1977). Osterholm et al. detail the most common infectious diseases - their transmission and prevention in child care settings (Osterholm, Klein, Aronson & Pickering, 1987).

Friendly et al. discuss the problems of providing for sick children, both as emergency care and as care for the chronically sick. They recommend good health practices, the introduction of family responsibility

leaves and the introduction of various child care options from which parents might choose (Friendly, Cleveland and Willis, 1989).

Within Alberta, health practices are detailed in the *Day Care Licensing Policy Manual* (Alberta Social Services, 1987) as are regulations requiring staff to have qualifications in first aid. In addition, handbooks for use by parents and centre personnel were introduced in 1986 (Alberta Community and Occupational Health, 1986).

## IMPLICATIONS

The findings of this study represent the collective opinions of a pre-selected group of people with varying interests in child care and who lived at such distances from each other that traditional meetings would have been difficult. In a relatively brief period of time and at considerably less cost than organizing traditional meetings, this study collected the current thoughts and opinions of 24 leaders in the child care field in Alberta. The results of this investigation demonstrate that the Delphi exercise is well suited to collecting and sharing the opinions of people in child care.

The absence of previous research on child care in Alberta contributed to participant's rating of most topics and questions as important. However, throughout the three rounds of this exercise, several topics and research questions were consistently rated as more important than others. The research questions which were considered most important involved caregiver characteristics - both personal and work environment - and professional preparation, the care of infants and toddlers, child experiences and outcomes in family day home care, and the impacts of parent involvement and government regulations. It is important to remember, however, that participants with varied interests and backgrounds generated 80 research questions and considered that almost all of them were important and in need of investigation.

The findings of this study provide a focus and guideline for further research on a child care in Alberta. In addition, the findings may assist individuals and organizations in planning for conference and seminar topics.

Several of the topics and research questions generated in this study were stated in the form of an issue or problem about which participants would like information or answers. They may require further refinement before they can be adopted as research questions or hypotheses. In addition, further work is needed to provide rationales for the research questions and topics and to consider particular questions of methodology and feasibility. There is considerable child care literature on several of the issues suggested in this study, which may either be generalizable to Alberta or which may assist researchers within Alberta. Within the contexts of research agendas as suggested by Phillips (1987) and Goelman and Pence (1985), many of the issues raised were similar.

While research to consider many of the questions generated by participants in this study would be very valuable, other questions may need to be combined or considered from an ecological perspective if the full benefit and understanding of the complexities of child care are to be understood.

Finally, the Delphi method may be used to examine child care issues from the perceptions of other stakeholder groups, such as parents, policy-makers and child care staff, and from other regions of the country. It would be interesting to compare the findings of such studies, and to discover the areas of common interest and concern.

## APPENDIX A

### Affiliations and positions represented by participants

Day care center directors
Day care center caregivers
Provincial government day care licensing officers/ consultants
Day Care Branch ( Government of Alberta)
Family Day Home Care
Alberta Association of Young Children
Early Childhood Professional Association of Alberta
Family Day Home Association of Alberta
United Child Care Association
Municipal Child Care (Family and Community Support Services )
University programs
College Early Childhood Programs
Community agencies ( parent referral)
Child Care Network
Coalition for Quality Care (Edmonton and Calgary)
Day Care Society of Alberta
Canadian Day Care Advocacy Association
Canadian Child Day Care Federation

## APPENDIX B

**Letter sent to each participant following the initial telephone contact and before the Round 1 questionnaire**

## CHILD CARE MATTERS

ANNETTE LAGRANGE AND MALCOLM READ
PO Box 2, RR4 Site 2
Red Deer, Alberta
T4N 5E4

September 21, 1989

Dear _____:

Thank you for agreeing to participate in the Delphi exercise. In this process a series of information statements and questions is given to a group of participants to determine the group's view on a particular subject. In this instance, the subject is Creating a Research Agenda on Child Care in Alberta.

Our respondent group is small, consisting of 24 people who have been selected by us. We are interested in involving the participants in thinking about the questions and ideas.

The Delphi exercise is cumulative. The first round is largely exploratory and designed to open up new areas of thought. As the second and third rounds progress the areas of interest may become more focussed and group views begin to emerge. On each round the reasoning of each participant is fed back to all other participants for their consideration and appraisal.

All steps will be taken to ensure the anonymity of all participants.

The questionnaires in this exercise are meant to be a stimulus and as a participant you will have the following options with respect to any question or alternative presented:

You may choose not to answer a question.

You may rewrite, as a comment, a particular question and then answer your own version of it.

You may suggest questions you would like to see in the next questionnaire.

You may, and are encouraged to, express short arguments or comments in any area about which you feel confident.

Specific instructions for participants include:

1. Expect to receive 3 questionnaires for the complete exercise. We will provide you with a new questionnaire and a summary of responses from the previous one within one week of receiving participants responses.

2. You will receive two copies of each questionnaire. Return only one and keep the other for your own reference.

3. Return your response in the enclosed stamped addressed envelope no more than 10 days after the questionnaire reaches you.

Thank-you for your assistance in this process. Please contact us if you need clarification on the questions or instructions.

Yours truly,

Malcolm Read

Annette LaGrange

## APPENDIX C

### Questions as presented in Round 1

1. Please rank order the following topics in order of importance, with number one as the most important and number 37 as the least important. You may not use a number twice but you may leave out topics that you do not understand or that you do not fell confident about ranking.

   ( Thirty-seven topics were listed beneath this question)

2. Are there any other topics that you would like to include in the above list? Please state the topics and provide clarification if you think it is needed.

   ( An empty, lined page was left beneath this question).

3. For each of the topics from questions 1 and 2 , describe and explain the particular research questions or issues you believe need to be examined.
   If you do not understand a topic you may write questions that seek more information.
   If you do not feel confident to describe questions or issues for any topics you may omit those topics.

   ( A series of lined boxes with the headings *TOPIC and RESEARCH QUESTIONS* were presented beneath this question).

## APPENDIX D

### Questions as presented in Round 2

1. The following is a list of the topics as they were:

   a. ranked by participants in Round 1, question 1.
      and
   b. suggested by participants as new topics in Round 1, question 2.

   We have clustered some of the topics together as was suggested by several participants.

   Please review ALL of the topics listed in (a) and (b) and put them in order of importance as though they are one list, with number one being the most important topic to be on a research agenda and number twenty-one the least important to be included on a research agenda.
   (Twenty-one re-worded topics were listed beneath this question).

2. Please rewrite any of the topic descriptors from the previous question if you believe the wording is not clear.
   Please add any new topics that you think should be included.
   (An a empty, lined page was left beneath this question).

3. The following is a list of the research questions that were suggested by participants in Round 1, question 3:

   We have clustered some of these (the number of questions has reduced from 97 to 80), and put them under an appropriate topic heading.

   Please read each research question and select the appropriate number for each.

| very important | important | do not know | slightly important | unimportant |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

   (PLEASE REFER TO THE BLUE SHEET ENCLOSED FOR DEFINITIONS)

   If you have suggestions for improving the wording in any of the questions, and/ or would like to add new questions or statements, and/ or feel that statements and questions made by you in Round 1 have not been adequately reflected, please add them in the space provided under each topic.

   ( The eighty research questions generated in Round 1 were listed under the 15 topic headings also generated from Round 1. Several empty lines were left beneath each list of research questions).

## APPENDIX E

### Questions as presented in Round 3

The 80 research questions generated in Round 1 were rated by all participants in Round 2 as VERY IMPORTANT, IMPORTANT, SLIGHTLY IMPORTANT, UNIMPORTANT, or DO NOT KNOW.

The results are listed in the following pages. If you feel that some research questions are rated too high or too low indicate this by writing in the space immediately under the question.

1. All research questions were listed as important or very important by at least one participant.The only research questions which did not receive a rating of important or very important by at least 50% of respondents were:

   ( The seven research questions were listed.)

2. The following is a list of the research questions which received ratings of important or very important by 50% - 75% of participants. If you feel that some research questions are rated too high or too low indicate this by writing in the space immediately under the question.

   ( The 48 research questions were listed.)

3. The following is a list of the research questions which received ratings of important or very important by more than 75% of participants. If you feel that some research questions are rated too high or too low indicate this by writing in the space immediately under the question.

   ( The 25 research questions were listed.)

4. A number of questions were rated consistently as being the most important. In order to assist with the ranking of these we ask that you compare each of the research questions to each of the others and circle which one you consider to be the most important in the pair. For example, if you believe that the question, "What knowledge, skills and attitudes do caregivers need in order to be effective?" is more important than the question, "What impact does parent involvement have on quality care?" you would circle as shown:

   1 vs 3

   (The eight most important research questions were listed and numbered. Paired comparison number Tables which corresponded to the research questions were included.)

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